

A17000000323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 29 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veteran Allied Services LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000323

The enclosed Statement of Change of Registered Office and/or Registered Agent and
fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anthony Wachira

Contact Person

Veteran Allied Services LLLP

Firm/Company

7560 Aguila Dr

Address

Sarasota, FL 34240

City, State and Zip Code

insurancelines@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Wachira

Name of Contact Person

at (941)

264-4019

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

RECEIVED
2018 MAR 28 AM 9:38

March 15, 2018

ANTHONY WACHIRA
7560 AGUILA DR
SARASOTA, FL 34240

SUBJECT: VETERAN ALLIED SERVICES LLLP
Ref. Number: A17000000323

We have received your document for VETERAN ALLIED SERVICES LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 718A00005301

FILED
2018 MAR 28 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

JEDIDA WACHIRA
7560 AGUILA DR
SARASOTA, FL 34240

SUBJECT: VETERAN ALLIED SERVICES LLLP
Ref. Number: A17000000323

We have received your document for VETERAN ALLIED SERVICES LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 518A00004616

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2018 MAR 15 AM 9:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Veteran Allied Services LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/12/2018
Date of filing/registration in Florida

3. A17000000323
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Anthony L Wachira
Name
7560 Aguila Dr
Address
Sarasota, FL 34240
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Jedida N Wachira
Name
7560 Aguila Dr Sarasota, FL 34240
Florida street address (P.O. Box not acceptable)
Sarasota FL 34240
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Anthony L Wachira Jedida Wachira
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Anthony L Wachira Jedida Wachira
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2018 MAR 28 AM 8:29
STATE DEPT OF STATE
TALLAHASSEE FLORIDA